

POST OFFICE TO ADDRESSEE



EL700476655US

SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND LIMITS
ON INSURANCE COVERAGE

Customer Copy
Label 11-F July 1997

ORIGIN (POSTAL USE ONLY)		
PO ZIP Code 95134	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date in 10/23/01	<input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 3 PM	Postage \$ 1.95
Time in 10:41 AM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee \$ 1.50
Weight 3 lbs. 4 ozs.	Int'l Alpha Country Code	COD Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials W	Insurance Fee \$ 2.00
Total Postage & Fees \$ 5.45		

CUSTOMER USE ONLY	
Express Mail Corporate Acct. No. X951590	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.
Federal Agency Acct. No. or Postal Service Acct. No.	<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday
Customer Signature	

FROM: (PLEASE PRINT) EPSON RESEARCH & DEVELOPMENT 150 RIVER OAKS PKWY SAN JOSE CA 95134-1915 AP118TP	TO: (PLEASE PRINT) BOX 3 PATENT APPLICATION ASST COMMISSIONER FOR PATENTS WASHINGTON DC 20231-9998
---	--

PRESS HARD. You are making 3 copies. **FOR PICKUP OR TRACKING CALL 1-800-222-1811** www.usps.gov **EMS**

Bayside Sta Post Office
San Jose, California
951349998
10/23/2001 (800)275-8777 04:50:07 PM

Product Description	Sale Qty	Unit Price	Final Price
WASHINGTON DC 20231			\$19.15
Express Mail PO-ADD			
Serial Number EL700476655US			
2nd day 3PM /Normal Delivery			
Return Receipt			\$1.50
Paid by account:			\$20.65
EMCA account number:			951590
Total:			\$0.00

Paid by:

Bill#: 1000200780608
Clerk: 02

Thank you for your business

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Service Type <input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Box Patent Application
Assistant Commissioner
for Patents
Washington, D.C. 20231

2. A EL700476655US

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

